

6418

Senator Doyle, Representative Walker and Members of the Human Services Committee:

Re: HB 6418, AAC TRANSFER OR DISCHARGE OF RESIDENTIAL CARE HOME PATIENTS.

My name is Russell Dence and I am the owner of Char-Laine Manor, a 20-bed licensed residential care home (RCH) in Vernon. I am speaking on behalf of the Connecticut Association of Residential Care Homes (CARCH).

Char-Laine is very typical of most homes. RCHs are small living arrangements for mostly low-income elderly and persons with a history of mental health problems. We provide 24-hour care including room and board, meals, socialization, frequent transportation to medical appointments, etc. in a home-like setting for individuals who often can not live alone. Residential care homes do not provide medical care and are not nursing homes. We serve our "residents", not "patients" as the title of the bill implies.

Homes do not want to involuntarily transfer or discharge residents. Remember: residential care homes are not large facilities. We strive to create an atmosphere where all residents will cooperatively live together and respect each other's rights including the staff. However, there may be occasions where a resident is creating disturbances and disrupting the other residents and the normalcy and routines of the home.

Most residential care homes establish rules and regulations by which each person must abide in order to ensure that the home-like setting is conducive to the needs of all residents. For instance, this may include "no smoking in bedrooms" due to the health and fire hazards.

Many individuals are on psychotropic medications and a requirement for continued living in a home may include "taking all prescribed medications". When a resident does not comply, he or she may become disruptive to staff and residents; an involuntary discharge to a more clinical or acute setting may be the best alternative to all concerned.

In fact, I would add the following for reasons for an involuntary discharge: "the resident has failed to comply with the regulations of the facility". It is never an easy decision to begin a discharge; however, the rights and privileges of the owner/provider and other residents must also be taken into consideration. While I understand the role of the Office of Protection and Advocacy, oftentimes the rights and privileges of all parties in the home are forgotten.

RCH rates are set by the Department of Social Services and are very low. Residents receive the State Supplement (Aid to Aged, Blind and Disabled) directly in order to pay the residential care home. If a person refuses to pay, it becomes very difficult to operate due to the small number of beds.

In fact, I began an involuntary discharge in November for nonpayment; at a hearing, DPH ruled in my favor but the person did not leave until January 31. I lost income of almost \$2,500 which is difficult to absorb. During this three-month period, I was still responsible and liable for the safety of this individual and all other residents to whom he was not friendly or nice.

Therefore, I oppose the sections of the bill which will lengthen the time of an appeal. It is more than adequate under the current time frame and, as my case and others indicate, should probably be shortened.

Please remember all the parties involved when you consider this bill. Thank you for the opportunity to address this issue.